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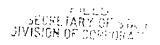
TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: PI 6 0000 9/093 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Jacob M Inc
Firm/Company
Century 21 Dr # 6138
Address JackSonville, Florida 32216
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (618) 694 5365
Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address Amendment Section** Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to **Articles of Incorporation**



2016 NOV 18 PM 2: 15

P16 0000 91	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sta its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
NA	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," ", word "chartered," "professional association," or the abbi	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	HT 401 CENTURYHDr
(Principal office address <u>MUST BE A STREET ADDRES</u>	SS) Apt to 138
	Jacksonville, FL, 32216
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA 401 century 21 or
	Apt #6138
	Jax FL. 322/10
D. If amending the registered agent and/or registered on new registered agent and/or the new registered office	
MC	Jump Meadows
	(Florida street address)
The state of the s	OI CENTURY DE APERT GIBEFLORIDA AND DIL
to the state of th	(City) (Zip Code)
	(City) Jacksonville, F.
New Registered Agent's Signature, if changing Register	red Agent.
hereby accept the appointment as registered agent. I am	
JM	
A+A Oa	or Mendons

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Jacob Mendons	461 century 21 Dr
X Add			Apt # 6138
Remove			Apt # 6138 Jacksonvilla Fl., 32216
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			 .
4) Change			
Add			
Remove			••-
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Ε.	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
	NA
F.	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
	NA

The date of each amendment(s) adoption:	; if other than the
date this document was signed.	i, if other than the
Effective date if applicable: 1 -16-16 (no more than 90 days after amendment file date)	204 FOR DE CORPORA
(no more than 90 days after amendment file date)	2019 NOT 18 PH 2: 12
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shaction was not required.	nareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	oolder
Dated_ -16-16	
Signature Original Multiple Signature (By a director, president or other officer – if directors or officers have reselected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	not been ther court
Turub Meadows (Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	